

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010474

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

453

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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FILED APR 9 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

35 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

507 S. 25th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First FRANK

Middle P.

Last ELLIOTT

4. DATE OF DEATH

Month April 4, 1963

Year

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/26/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired foreman

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Company

11. BIRTHPLACE (City and state or country)

Nodaway County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jefferson D. Elliott

13b. MOTHER'S MAIDEN NAME

Susan Dodge

14. NAME OF HUSBAND OR WIFE

Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Esther Elliott, 507 S. 25th, St. Joseph, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

4 days

DUE TO (b)

Pulmonary Metastases

1 year

DUE TO (c)

Lymphosarcoma

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of prostate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/4/57

to 4/4/63

and last saw him alive on 4/3/63

Death occurred at

4:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Donald Stallard, M.D.

22b. ADDRESS

902 Edmond

22c. DATE SIGNED

4/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/8/1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph Missouri

24. FUNERAL DIRECTOR

Heaton-Bawman,

ADDRESS

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 9, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

D. Stallard, M.D.

VS-300
Rev. 4/59

1 5117

2 51172

3

4 0

5 1

6

7 0

8 1

9 2001

10

11

12 3-0

13 1-0

APR 22 1963

2113
2113

0 - 0 -

Permitted 4-5-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.